

FILED MAY 25 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4521

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1812 S. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Frank Urban

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown About 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82 Unknown hr. min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business _____

12. Name Frank Urban

13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Urban

(b) Address 1812 S. 11th St.

17. (a) Burial (b) Date thereof 5/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Wm. E. Maydell

(b) Address 1926 Allen Ave

19. (a) MAY 16 1944 (b) J. F. Budek
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1812 S. 11th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1944 hour 7 minute 40 a.m.

21. I hereby certify that I attended the deceased from June
_____, 1936, to May 14, 1944.
that I last saw him alive on May 12, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic cardio-vascular renal syndrome about
associated with Bronchial asthma & 10 yrs.
Nephritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. E. Maydell (M. D. or other) _____
Address 3804 Wilshire Ave St Louis 16 Mo. Date signed 5-16-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.